

Public Health – Seattle & King County Services/Outcome Matrix

Population Health Services				
What (Components)	Why	Who Served	Outcome	How Financed
<ul style="list-style-type: none"> • Environmental Health Services • Food Safety • Meat Inspection • Food Protection 	<ul style="list-style-type: none"> • Decrease in food-related illnesses • Decrease in risk • Increase in public understanding of risks • Statutory obligation 	General population	Decrease in food related illness <i>Public Health Performance Measure, Goal 5, Obj. 1, Perf. Measure 1</i> <ul style="list-style-type: none"> • Number of visits/return visits • Improvements in inspection scores • Number of education sessions 	<ul style="list-style-type: none"> • Permit fees • Seattle General Fund • Current expense • MVET
<ul style="list-style-type: none"> • Land Use • Drinking Water • Wastewater Disposal • Plumbing/Gas Piping • Solid Waste 	<ul style="list-style-type: none"> • Safe installation of systems • Decrease in public concerns • Statutory obligation 	General population	<ul style="list-style-type: none"> • Increase in percent of approved permits • Decrease in complaints 	<ul style="list-style-type: none"> • Permit fees • County Current Expense • MVET • Contracts (Seattle) • Grants (state)
<ul style="list-style-type: none"> • General Sanitation • -Living Environment • -Chem/Phys 	<ul style="list-style-type: none"> • Increase public understanding of risk • Manage/remove unhealthy conditions 	General population	<ul style="list-style-type: none"> • Number of visits; consultations • Number of complaints respond to within 72 hours 	<ul style="list-style-type: none"> • County Current Expense • Grants (state and federal) • MVET
<ul style="list-style-type: none"> • Hazards • - Vector/Nuisance • Local Hazardous Waste Plan 	<ul style="list-style-type: none"> • Statutory obligation • Decrease exposure to hazardous materials • Increase use of less harmful materials in lieu of chemicals 	General population	<ul style="list-style-type: none"> • Increase the diversion of hazardous wastes from landfills and waste water treatment facilities <i>Public Health Performance Measure, Goal 5, Obj. 2, Perf. Measure 1</i> <ul style="list-style-type: none"> • Number of visits • Number of consultations • Tons of hazardous materials diverted 	<ul style="list-style-type: none"> • Contracts (Seattle) • Fees • Grants (state)

Population Health Services				
What (Components)	Why	Who Served	Outcome	How Financed

What (Components)	Why	Who Served	Outcome	How Financed
Chronic Disease Prevention and Healthy Aging (across lifespan) <ul style="list-style-type: none"> • Disease prevention • Health promotion • Older adult health • Community support • Senior Wellness Program 	<ul style="list-style-type: none"> • Improved health status, knowledge and early disease risk reduction • Increased quality of life • Reduced racial disparities in health status • Reduced disease and complications from disease • Increased coordination, coalition around disease prevention 	<ul style="list-style-type: none"> • General population (children, adults, • People of Color • Older adults 	<ul style="list-style-type: none"> • Reduced rates of morbidity, mortality due to specific diseases • Ethnic minority morbidity and mortality • Reduced hospitalizations due to falls/depression 	<ul style="list-style-type: none"> • State Local Capacity Development Funds • Development Funds via State Department of Transportation • MVET • UW Northwest Prevention Effectiveness Center • County CX
Woman's Health Breast and Cervical Health	<ul style="list-style-type: none"> • Reduce cancer deaths • Increase early stage cancer detection • Increase public knowledge of risk • Increase access to health care 	<ul style="list-style-type: none"> • Women + • low income • no health insurance 	Health Status Improvements <ul style="list-style-type: none"> • Number screened/ percent eligible screened • Percent re-screened • Percent with cancers 	<ul style="list-style-type: none"> • Federal grant (Center for Disease Control) • State general fund • Foundation grants • CX/general fund
Public Health Laboratory Services Disease testing and surveillance	<ul style="list-style-type: none"> • Infectious disease • early identification • prevention control 	<ul style="list-style-type: none"> • General population clinic providers 	Decreased prevalence & incidence of infectious disease	<ul style="list-style-type: none"> • County Current Expense

What (Components)	Why	Who Served	Outcome	How Financed
Alcohol, Tobacco and other Drug Prevention (ATOD) <ul style="list-style-type: none"> • Universal strategies (public awareness) • Selected strategies (focused education for targeted groups) • Indicated strategies (prevention/early intervention for those experiencing problems) 	<ul style="list-style-type: none"> • Statutory obligation (federal and state) • Decrease youth access to tobacco • Decrease youth smoking rates • Improve understanding of risk • Annually, more than half a million deaths in the U.S. are due to ATOD. • ATOD use is linked to motor vehicle crashes, homicide, suicide, crime. • To strengthen our communities, schools, families and individuals • To foster a healthy environment. 	General population, with an emphasis on providing prevention services for children, youth, women and families	Compliance rate of retailers selling tobacco products Decrease in sales of tobacco to youth <i>Public Health Performance Measure: Goal4, Obj. 1, and Perf. Measure 1</i> <ul style="list-style-type: none"> • Number of education and training sessions in 19 school districts in King County. • Decrease in initiation rates for youth • Increase in protective factors at the community, family, individual and school levels. • Decreased presence of risk factors for substance abuse • Decreased use of substances among students • Prevention of problems associated with alcohol and other drugs including Fetal Alcohol Syndrome 	<ul style="list-style-type: none"> • DOH Youth Tobacco grant (consolidated contract) • Retailers tobacco license fees fund the youth tobacco \$ at DOH • Federal funded ASSIST project through DOH consolidated contract • State local capacity funds Grants: <ul style="list-style-type: none"> • Federal and state funds through DSHS Division of Alcohol and Substance Abuse) • City of Seattle General Funds • County Current Expense
Injury Prevention <ul style="list-style-type: none"> • KC Traffic Safety Coalition (SR 99 Drinking and Driving) 	<ul style="list-style-type: none"> • Decrease crashes injuries, deaths, public education, collaboration 	General population; emphasis on drivers, pedestrians, bicyclists of SR99	<ul style="list-style-type: none"> • Reduced number of DUI arrests • Reduced number of DUI related accidents 	<ul style="list-style-type: none"> • State Grant • MVET • CX • Local Capacity Development Funds • police match

What (Components)	Why	Who Served	Outcome	How Financed
<ul style="list-style-type: none"> KC Drowning Prevention Coalition 	<ul style="list-style-type: none"> Decrease submersion (drownings and near drownings) rates in KC; Improve public awareness; water safety 	General population	<ul style="list-style-type: none"> Increased Coordination of water safety programs in KC Reduce adolescent drownings Increase numbers of youth wearing drowning protective equipment 	<ul style="list-style-type: none"> State Grant MVET CX LCDF
<ul style="list-style-type: none"> Firearm Safety 	<ul style="list-style-type: none"> Reduce rates of unintentional injury and death, suicide, intentional shootings through safe storage improvements 	General population	<ul style="list-style-type: none"> Increased safe storage of firearms in KC Reduced rates of unintentional injury 	<ul style="list-style-type: none"> LCDF CX MVET

What (Components)	Why	Who Served	Outcome	How Financed
Public Health Education <ul style="list-style-type: none"> • Prevention of Disease • Prevention of Disease Progression • Health Promotion • Promotion of Safer, Healthier Environment 	<ul style="list-style-type: none"> • Change, maintain, and/or support healthy behaviors, beliefs, and attitudes • Improve skills and knowledge to access services for people who need them • Change, maintain, and/or support healthy physical and social environments in communities 	All populations integrated into all public health programs, services, & initiatives	Improved health awareness/action <ul style="list-style-type: none"> • Increase in practice of healthy behavior • Numbers of educational encounters with clients/customers/ results • Number of educational activities carried out • Number of people who see/hear and remember media campaign • Number of people involved in community health promotion and disease prevention activities • Website use <i>Public Health Performance Measure: Goal 7, Obj. 1, Perf. Measure 1</i>	Local Capacity Development Fund

What (Components)	Why	Who Served	Outcome	How Financed
Communicable Disease <ul style="list-style-type: none"> • Disease Surveillance • Disease Prevention and Control 	<ul style="list-style-type: none"> • Statutory obligation • Decrease incidence of food, water, vaccine preventable diseases through prevention, early detection, and response • Monitor trends to detect effects of public health activities • Use epidemiologic analysis to define public health response • Inform public about disease prevention and control • Prevent disease exposure, manage outbreaks • Inform public and health care providers about disease prevention and control including outbreaks and health alert advisories • Recent information describes vulnerability of population to bio-terrorist attack • Recent information regarding likelihood of pandemic influenza in near future 	<p>General population and health care professionals.</p>	<ul style="list-style-type: none"> • Monitor sources for reporting surveillance data • Improve infrastructure for surveillance data reporting according to national guidelines • Timely detection, analysis and intervention for communicable disease cases/outbreaks • Monitoring of numbers of cases of specific diseases • Publication and presentation of important findings; media contacts • Provide training sessions and consultations with health care providers • Evaluation according to standards published by CDC regarding preparedness for bio-terrorist attack and pandemic influenza 	<ul style="list-style-type: none"> • Seattle General Fund • Current Expense • MVET • Medicaid Match

What (Components)	Why	Who Served	Outcome	How Financed
Health Care Access Medicaid Client Outreach Project Kids.Health.2001 'In-reach' in health department and community clinic sites	Families who have health coverage are more likely to obtain preventive care and seek care promptly when a problem arises, reducing health care costs and decreasing the chance of disability.	Uninsured populations	<ul style="list-style-type: none"> Number of individuals and families educated about the value of health coverage Number of individuals assisted to enroll in Medicaid or Basic Health Plan <p><i>Public Health Performance Measure: Goal 1, Obj. 1,2, Perf. Measure 1</i></p> <ul style="list-style-type: none"> Percent of individuals who choose a managed care plan, and link to a health care provider 	<ul style="list-style-type: none"> Medicaid Administrative Match, including 90 percent match Donations from King County Health Action Plan participants County CX and Seattle General Fund

What (Components)	Why	Who Served	Outcome	How Financed
Health Assessment Planning and Evaluation	<ul style="list-style-type: none"> • Monitor the determinants of health, risk factors and health outcomes in King County including analysis of: <ul style="list-style-type: none"> --the demographic makeup of the community --a range of important health outcomes --the pattern of risk factors for illness and injury • Maintain a surveillance system to identify emerging problems that merit further assessment or rapid intervention. • Technical assistance for general population-level health assessment, data-informed program planning and program evaluation within the department and for communities. 	<p>General population, includes policy makers, public health locally and at the state and national level, researchers looking at local health problems, health and social service providers, community-based agencies and community groups</p>	<ul style="list-style-type: none"> • Timely assistance in interpreting data and in defining public health trends and areas for action • Access to health data to inform their planning and program development <p><i>Public Health Performance Measure: Goal 2, Obj. 1,2, Perf. Measure 1</i></p>	<ul style="list-style-type: none"> • State Local Capacity Development Fund • County Current Expense • Motor Vehicle Excise Tax • Seattle General Fund • Medicaid Administrative Match • Data Distribution sales

What (Components)	Why	Who Served	Outcome	How Financed
King County Health Action Plan	<ul style="list-style-type: none"> Established in 1995 by King County Council motion to study the health status and changing state of health care in King County and to make recommendations to protect and promote the health of the residents of King County To encourage collaboration and engagement among health plans, providers, consumers, policy makers and public health in specific projects to improve the health of the community through partnerships and mutual responsibility 	Residents of King County	<p>Specific deliverables are described for each project, currently:</p> <p>Example:</p> <ul style="list-style-type: none"> Access: increased numbers of individuals are educated about their eligibility and the benefits of health insurance and assisted to enroll in Medicaid Access Survey is conducted 1998 with amplification by focus groups 	<ul style="list-style-type: none"> State Local Capacity Development Funds private donations in-kind services grant funding

What (Components)	Why	Who Served	Outcome	How Financed
Vital Statistics Provision of birth and death information	<ul style="list-style-type: none"> • Statutory expectation • Health Surveillance 	<ul style="list-style-type: none"> • Residents of King County who want/need birth and death records • Health planners 	<ul style="list-style-type: none"> • Timely, accurate customer response 	<ul style="list-style-type: none"> • Fees
Medical Examiner Autopsy, Investigations and Monitoring Trends	<ul style="list-style-type: none"> • Statutory obligation (RCW & KC Ordinance) • Quality autopsies are expected by community, and medical, legal, law enforcement agencies • Monitor trends in deaths from injuries and violence • Community expectations 	<ul style="list-style-type: none"> • General population • Next-of-kin who are unable to pay for the cremation or burial of deceased family member • Unclaimed decedents 	<ul style="list-style-type: none"> • Number of Autopsies • Training program in Forensic Pathology • Timely coverage of all sudden, suspicious, violent deaths • Number of Medical Examiner death investigation cases • County-paid cremations for those unable to pay for such. 	<ul style="list-style-type: none"> • Current Expense
For additional detail, see Appendix H (Public Health Services by Strategic Planning Category)				

Emergency Medical Services (EMS)				
What (Components)	Why	Who Served	Outcome	How Financed
<ul style="list-style-type: none"> Basic Life Support (BLS) Fire Department is first responder 	<ul style="list-style-type: none"> Public safety with police and fire. Mandated by King County Code and Ordinances. 	Direct service EMS programs serve all people who call 911 to request emergency medical assistance.	Survival rates from cardiac arrest. <ul style="list-style-type: none"> Avg. BLS response time ranges (dep. on jurisdiction, effects of workload, traffic, etc.) System efficiencies <ul style="list-style-type: none"> Number and percent of patients transported and mode of transport BLS average time per call 	<ul style="list-style-type: none"> County portion funded in part by local city or fire district contribution, part by regional EMS property tax funds via contract with Public Health. Seattle portion funded by Property tax levy and City of Seattle contribution (no contract with Public Health)
<ul style="list-style-type: none"> Advanced Life Support (ALS) response (Paramedic) Shoreline Medic 1 Evergreen Medic 1 Bellevue Medic 1 King County Medic 1 (south King County area, operated by Public Health - Seattle & King County) Seattle Medic 1 	<ul style="list-style-type: none"> Public safety with police and fire. Mandated by King County Code and Ordinances. 	Direct service EMS programs serve all people who call 911 to request emergency medical assistance.	Survival rates from cardiac arrest <ul style="list-style-type: none"> Percent of calls with response time of 10 minutes or less. (<i>Public Health Performance Measure: Goal 3, Object.2, Perf. Measure 1.</i>) Average annual ALS response time System efficiencies <ul style="list-style-type: none"> Number and percent of ALS patients transported and mode of transport Percent ALS suspended alarm (code greens) Percent backup vs. "primary service area" ALS responses 	<ul style="list-style-type: none"> County portion via regional EMS property tax levy funds contracted with Public Health, combined with local provider contributions. Public Health portion operates with property tax levy and CX contributions. Seattle portion funded by Property tax levy and City of Seattle contribution (no contract with Public Health).

What (Components)	Why	Who Served	Outcome	How Financed
<ul style="list-style-type: none"> Regional Programs and Services Medical Oversight Quality Improvement 	<ul style="list-style-type: none"> Mandated by King County Code and Ordinances Mandated by State Law 	<ul style="list-style-type: none"> Listed by program below) Regional medical oversight for EMTs and paramedics 	Recertifications of EMS personnel	All Regional EMS programs and services are supported by a property tax levy and King Co. CX funds.
<ul style="list-style-type: none"> EMT Training/ Continuing Education (CE) 	Mandated by State Law	Fire departments, private ambulance co's.	Number trained	As above for regional services.
<ul style="list-style-type: none"> Dispatch Training/CE 	Ensure accurate and prompt emergency medical dispatching.	Dispatchers	Number trained	As above for regional services.
<ul style="list-style-type: none"> CPR Training 	Ensure public education	King Co. employees Secondary school students	Number trained and recertified	As above for regional services.

For additional detail, see Appendix H (Public Health Services by Strategic Planning Category)

Targeted Community Health Services				
What (components)	Why	Who Served	Outcome	How Financed
Women Infant and Children's (WIC) <i>Community Nutrition Education</i>	<ul style="list-style-type: none"> • Strong federal policy direction regarding nutrition education and food assistance • Reduces future medical expenses • Leverages food dollars available for low income mothers and children 	<ul style="list-style-type: none"> • Pregnant and breastfeeding women • Infants and children up to age 5 • Low income adults • School-age children 	<ul style="list-style-type: none"> • Healthy Infants, Children • Increased percent of full-term, healthy babies • Increased percent of infants that are breastfed • Improved growth patterns for children • Improved healthy eating habits for women, children, and families 	<ul style="list-style-type: none"> • Federal Grants • State Grants • Current Expense • General Fund • MVET • In-kind contributions from community partners
Tuberculosis (TB)	<ul style="list-style-type: none"> • Mandated by Washington law and code • Public is at risk of spread from cases • Effective interventions exist to protect the public 	<ul style="list-style-type: none"> • High risk groups: homeless, HIV-infected, foreign-born, contacts of infectious cases • Surveillance of the disease in the general population to monitor trends & detect outbreaks 	<ul style="list-style-type: none"> • Maintain or Improve TB rates • Maintain or reduce rate of multi-drug-resistant TB <p><i>Department of public Health performance measure: Goal 3, Objective 3, Measure 1</i></p>	<ul style="list-style-type: none"> • MVET • Current Expense • Federally appropriated funds • Medicaid Match • FQHC • Grants; private and federal
HIV-Needle Exchange	<ul style="list-style-type: none"> • Reduce chances of spreading blood borne diseases • Assure safe disposal of used syringes • Increase possibilities for drug treatment referrals 	Drug injectors (1-for-1 exchange of 1.7 million syringes per year)	HIV/AIDS Rates <ul style="list-style-type: none"> • Number of potentially contaminated syringes properly disposed • Number of treatment referrals • Number of health services delivered 	<ul style="list-style-type: none"> • MVET • Seattle General Fund • Current Expense • AIDS Omnibus Grant

HIV-Health Education <ul style="list-style-type: none"> • Presentations, curriculum and materials development • Community organizing • Library • Hotline 	<ul style="list-style-type: none"> • Maintain local source for accurate information and technical assistance • Ongoing need to assure local delivery of prevention interventions 	<ul style="list-style-type: none"> • General public • Target groups with special needs (e.g. high risk for infection, educators, health care professionals, community service providers) 	<ul style="list-style-type: none"> • Knowledge, behavior & attitude changes in target groups • Number of services provided; responses to information requests accomplished in a timely fashion 	<ul style="list-style-type: none"> • MVET • Seattle General Fund • Current Expense • AIDS Omnibus Grant • Federal grants
HIV - Planning & Sub-contracting <ul style="list-style-type: none"> • Assess & prioritize ongoing local needs for HIV care and prevention services • Manage annual RFP and sub-contracting for care services and prevention 	<ul style="list-style-type: none"> • Decrease the rate of new infections • Assure quality care for people with HIV & AIDS 	<ul style="list-style-type: none"> • People with HIV & AIDS • Groups at increased risk for HIV infection 	Trends and numbers of: <ul style="list-style-type: none"> • New HIV infections • Deaths from AIDS • Services used by people with HIV & AIDS • Knowledge, behavior & attitude changes in target groups 	<ul style="list-style-type: none"> • Federal Ryan White grant (HRSA) • Federal CDC Prevention funds • AIDS Omnibus • Seattle Gen. Fund • Current Expense • MVET
Interpretation Services	<p>Ensure equal access to care for low-income ESL citizens of the City and County</p>	<p>General population with limited or no English speaking skill.</p>	<ul style="list-style-type: none"> • Assurance of equal access 	<ul style="list-style-type: none"> • State Refugee Health Funds (DSHS) • Federal Refugee Health Funds • Current Expense • General Fund • Medicaid Match

What (Components)	Why	Who Served	Outcome	How Financed
Family Planning (FP) Programs which address reproductive health	<ul style="list-style-type: none"> • Reduced unintended pregnancy • Reduced STD/HIV transmission • Increase early entry into prenatal care • Increase early cancer detection 	Low income women and men of reproductive age; all ethnicities.	Decreased rates of unintended pregnancy and disease transmission <ul style="list-style-type: none"> • Increased percent/number of contraceptive management visits • Increased percent/number of STD/HIV screening and treatment visits • Increased percent/number of pregnancy detection and referral visits • Increased percent/number of breast, cervical and testicular cancer screening visits. • Increased use of FP Clinical Practices Guidelines among community providers. 	<ul style="list-style-type: none"> • FQHC • Medicaid • State and Federal family planning funds • General Fund • Current Expense • AIDS Omnibus Grant • Private Insurance • Client Fees
Sexually Transmitted Disease Control Program (STD) <ul style="list-style-type: none"> • Comprehensive clinical and population-based prevention activities for STDs • STD Clinic (Harborview) STD Program Continued on Next Page	Prevention of: <ul style="list-style-type: none"> • Female infertility • Ectopic (tubal) pregnancy • Cervical cancer • HIV/AIDS • Pelvic inflammatory disease • Gonorrhea • Chlamydial infection • Syphilis STD Program Continued on Next Page	All sexually active per-sons (over 75 percent of all Americans acquire at least one STD by age 30), with special emphasis on: <ul style="list-style-type: none"> • Sexually active young women • Teens STD Program Continued on Next Page	Clinical service units: Reductions in STD rates: <ul style="list-style-type: none"> • Chlamydia • Chlamydia in teen girls, age 15-19 • Gonorrhea • Declining rates of pel-vic inflammatory disease (STD Clinic) STD Program Continued on Next Page	<ul style="list-style-type: none"> • MVET • CX • Grants • Fees • FQHC STD Program Continued on Next Page

What (Components)	Why	Who Served	Outcome	How Financed
STD Program (Cont.) <ul style="list-style-type: none"> • HIV counseling and testing • Testing for STDs at all PHSKC clinics • Partner notification • Outreach clinical svcs (Columbia HC, Seattle Gay Clinic, Div. of Youth Svcs) • Street outreach counseling, testing, and treatment • Chlamydia testing at Community Clinics • STD case report management • Public education • Provider training • Epidemiologic analysis and trends 	STD Program (Cont.) <ul style="list-style-type: none"> • Vaginal infections • Genital herpes • Genital human papillomavirus infections • Viral hepatitis • Other STDs <p>Public health programs to control STDs are required by law:</p> <ul style="list-style-type: none"> • WAC 248-100 • RCW 70.24 	STD Program (Cont.) <ul style="list-style-type: none"> • Persons at risk for HIV/ AIDS • Street youth • Sexual minorities • Incarcerated persons 	STD Program (Cont.) <ul style="list-style-type: none"> • STD prevention probably contributing to declining rates of new HIV infections, 1990-98 • Genital herpes rising • Genital HPV infection rising • Dramatically increasing rates (1998-1999) of syphilis, gonorrhea, and chlamydia in gay & bisexual men 	STD Program (Cont.)

What (Components)	Why	Who Served	Outcome	How Financed
<ul style="list-style-type: none"> • Public Health Nursing Healthy Pregnancies and Infants • Public health nurse home visits • Outreach and linkage into care, including care for high risk and hard to reach populations • Education and support from multi-disciplinary team • Prenatal and childbirth education classes • Case management through 1st year of life 	<ul style="list-style-type: none"> • Healthier babies result in lower costs in health care, education, social services and criminal justice. • Increased likelihood of future productivity 	<ul style="list-style-type: none"> • Pregnant women and infants, primarily low income • 8,805 unduplicated pregnant or postpartum women and 5,057 infants under 1 served in 1998 	<ul style="list-style-type: none"> • Increase mother/infant health • Higher birth weights • Improved survival in infants born to mothers receiving these services. 	<ul style="list-style-type: none"> • Medicaid fee-for-service and FQHC • Medicaid Administrative Match • State/federal (MCH) Block Grant • County CX • City of Seattle General Fund
Mom's Plus Services provided to females recently released from jail who are abuse substances	Medical and limited residential support for high risk mothers and children	Low-income mothers with substance abuse and mental illness	<ul style="list-style-type: none"> • Reduced risk of drug infected infants • Reduced infant mortality 	<ul style="list-style-type: none"> • City of Seattle General Fund • Medicaid Match • FQHC

What (Components)	Why	Who Served	Outcome	How Financed
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<p>Northwest Family Center (NWFC)</p> <ul style="list-style-type: none"> • Case management for HIV affected women, children, youth and families. • Obstetrical care for HIV+ women • Adult HIV and primary care for women and their infected partners • Pediatric HIV testing & monitoring of perinatally exposed infants until HIV status is determined • Pediatric HIV testing for older exposed children • Access to HIV/AIDS clinical trials • Substance use counseling • MH Counseling • Peer & emotional support for HIV + women • Child care • HIV specialty consultation and training 	<ul style="list-style-type: none"> • Women and pregnant women with HIV who have more complex health needs and have experienced violence and substance use in their lives. • Women for whom medical services are provided in a setting that assists with advocacy, financial issues, • Housing, drug/alcohol treatment, transportation, and child welfare issues. Medical care must address pregnancy and women's health care needs as well as HIV. 	<ul style="list-style-type: none"> • HIV affected women, children, youth and families in Washington State and Pacific Northwest Region. • Targeted to low income families, high risk communities and communities of color, • HIV+ women with substance use and mental health diagnoses, • HIV+ pregnant women, perinatally exposed children. 	<ul style="list-style-type: none"> • Reduce perinatal transmission of HIV • Early diagnoses and entry into treatment • Support and stabilize families to keep clients connected to care services • Improve in behavioral risk taking 	<ul style="list-style-type: none"> • Ryan White Title IV • Ryan White Title I • DOH HIV/AIDS office general funds • Medicaid • FQHC • Medicaid Administrative Match
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What (Components)	Why	Who Served	Outcome	How Financed
<ul style="list-style-type: none"> • Parenting Support for Child Abuse Prevention • Public health nurse home visits • Mother/baby and parenting groups • Co-management with Child Protective Services of lower risk cases • Alternative response to 'low risk' Child Protective Service (CPS) referrals 	<ul style="list-style-type: none"> • Costs of health care, education, social services and criminal justice are reduced • Children/parents supported; potential for productive contributions later in life increased 	<ul style="list-style-type: none"> • Parenting families, primarily low income • 8,310 children and their families were served in 1998 • 909 of these children had a documented concern about abuse or neglect 	Reduced injury and neglect <ul style="list-style-type: none"> • Reduced childhood injury • Fewer reports of child abuse or neglect • Reduced risk-taking in adolescence 	<ul style="list-style-type: none"> • Medicaid Administrative Match • Contracts from community and state agencies • State/federal MCH Block Grant • Local tax dollars • County CX • City of Seattle General Fund
Children with Special Health Care Needs <ul style="list-style-type: none"> • Outreach and linkage to special services • Public health nurse home visits/case management 	<ul style="list-style-type: none"> • Early identification and treatment of disabling conditions • Support to families • Decreased likelihood of out-of-home placement. 	Families of children with medical or developmental disabilities	Improvements in individual and family functioning (related to case management services provided to this population)	<ul style="list-style-type: none"> • State/federal MCH Block Grant • Medicaid Administrative Match • Local tax dollars

What (Components)	Why	Who Served	Outcome	How Financed
Child Care Health and Safety <ul style="list-style-type: none"> • Pre-service and in-service training of childcare workers • Assessment of health and safety issues in licensed facilities • On-site consultation to childcare facilities • Evaluation of children of concern in childcare settings 	Working or absent parents 70 percent of children under 6 are cared for by someone other than a parent while the parent(s) are working.	Owners/operators of childcare facilities, childcare workers, children in childcare and their parents	Improved child development/health <ul style="list-style-type: none"> • Improved post-class scores of knowledge of health & safety issues • Health and safety hazard • Reduced risk of the spread of communicable disease 	<ul style="list-style-type: none"> • Medicaid Administrative Match • Contracts from city, county and state agencies and childcare programs • Training tuition payments • Local tax dollars
Jail Based Treatment (NRF) Rehabilitation and Recovery services: <ul style="list-style-type: none"> • Chemical Dependency Treatment • Adult Education • Vocational Training • Life Skills • Case Management 	<ul style="list-style-type: none"> • Contribute to community health and safety • Reduce costs of incarceration in King County 	Male and female inmates classified to the North Rehabilitation Facility by the King County Department of Adult Detention based on level of security required	<ul style="list-style-type: none"> • Safe and secure management of inmate population • Level and type of services delivered commensurate with goals and resources • Pre-release improvements in inmate condition and functioning 	<ul style="list-style-type: none"> • Current Expense • Jail Industries and other inmate-generated revenues

For additional detail, See Appendix H (Public Health Services by Strategic Planning Category)

Primary Care Assurance/Clinical Health Services

What (Components)	Why	Who Served	Outcome	How Financed
Primary care Medical and dental services for all ages to promote health and well being as well as to treat acute and chronic illness	<ul style="list-style-type: none"> Assure health care access to primary care services for vulnerable and high risk populations. Provide clinical health access to special populations <ul style="list-style-type: none"> --adolescents --incarcerated persons --low income --women/children Provide on-going assessment of personal health status; routine assessment for pediatric growth and development and adult health maintenance. Assure access to culturally and linguistically appropriate health services for diverse populations. 	Low income individuals and families; 41 percent of whom are uninsured; at risk vulnerable individuals and families; refugee and immigrant populations <ul style="list-style-type: none"> 20 Percent of clinic visits need interpretation 10 Percent of clinic visits are teens 10 Percent of visits are to the homeless 	Access to low cost, culturally competent services: <ul style="list-style-type: none"> Percent of uninsured patients becoming insured. <i>Public Health Performance Measure: Goal 1, Obj 1, Perf. Measure 1.</i> Percent enrolled—primary care clients (Medicaid and by Health Plan) Health care industry measures of quality: <ul style="list-style-type: none"> Percent of children fully immunized. <i>Public Health Performance Measure: Goal 3, Obj 1, Perf. Measure 1.</i> Percent of children getting appropriate developmental exams. Percent of children in compliance with federally mandated health screening. <i>Public Health Performance Measure: Goal 1, Obj 2, Perf. Measure 2.</i> Early detection and management to prevent complications of chronic disease: <ul style="list-style-type: none"> Percent of women getting Pap smears; Percent of women getting mammograms; Percent of diabetics appropriately managed 	<ul style="list-style-type: none"> Self-pay Federal reimbursement Federally Qualified Health Center (FQHC) status; cost-based reimbursement City of Seattle General Fund King County Current Expense (CX) Grant, federal and state—as available

			(HgbA1c test)	
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What (Components)	Why	Who Served	Outcome	How Financed
Immunization Program <ul style="list-style-type: none"> Community Mobilization Training Quality Assurance Immunization Assessments Vaccine Distribution Travel Clinic 	<ul style="list-style-type: none"> Coordinate immunization activities with community partners Train public and private providers on the correct handling & use of vaccines Distribute vaccines to public and private sector within King County and provide an accurate accounting of distribution Assure appropriate handling & use of state & federally funded vaccine as mandated under contract Conduct assessments of immunization levels of King County children Promote and track the use of hepatitis B vaccine for high risk populations, especially infants born to hepatitis B carrier mothers Increase awareness and use of hepatitis A among sexually active gay males 	<p>General population at large; unimmunized children and adults <i>(note: this could also be considered a population based component)</i></p>	<ul style="list-style-type: none"> Number of Vaccine Doses Distributed Percent of children who complete vaccination series by age two Percent of completed vaccination series for pre-school youth in day care centers Percent of influenza vaccinations for individuals 65 years or older <p><i>Department of Public Health Performance Measures Goal 3, Objective 1, Perf. Measures 1-3</i></p>	<ul style="list-style-type: none"> Private Grants Title XVIII Title XIX Title XIX-exempt Federal Immunization Action Plan Grant Federal Vaccine Dollars State Vaccine Dollars FQHC Medicaid Match Personal Health Fees

What (Components)	Why	Who Served	Outcome	How Financed
Cedar Hills Medical Clinic	<ul style="list-style-type: none"> Assure support for and partnership with Department of Community and Human Services (DCHS). Provide basic health (urgent care) services to Cedar Hills residential treatment facility. 	Cedar Hills Clients	<ul style="list-style-type: none"> Management/Triage of urgent care needs Medication oversight 	<ul style="list-style-type: none"> County Current Expense Medicaid Match State Division of Alcohol and Substance Abuse funds (if/as available)
Community Health Center (CHC) partners – via contract <ul style="list-style-type: none"> <i>Medical Care</i> <i>Dental Care</i> <i>Access Services</i> 	<ul style="list-style-type: none"> Community support to partner agencies. Access to primary care for low-income, at-risk populations. Safety net. 	<ul style="list-style-type: none"> Uninsured or otherwise uncompensated patient populations 	Measurable improvement in clinical outcomes for priority chronic diseases <i>Public Health Department Performance Measures: Goal 1, Objective 3 and 4, performance measures 1 and 2.</i> Clinical measures and priority chronic diseases vary by CHC's population base. E.g.: diabetes, hypertension, asthma.	<ul style="list-style-type: none"> King County Current Expense Seattle General Fund Seattle Human Services Program Community Development Block Grant
Clinical Dental Services	Limited access to dental care for low income populations; highest risk population for oral health problems	<ul style="list-style-type: none"> Low income individuals and families below 200 percent poverty level Ages 0-18 and over 60 	<ul style="list-style-type: none"> Number of visits/return visits and results Procedures/impacts number 	<ul style="list-style-type: none"> FQHC Department of Social and Human Services fee for service Self Pay

What (Components)	Why	Who Served	Outcome	How Financed
Field Dental Services	<ul style="list-style-type: none"> Federal and State directives regarding improved oral health, oral health prevention and provision of dental sealants. Limited access to dental care for low income populations Populations at risk have resulting & costly nutritional & medical problems. 	<p>Highest risk children in Headstart/Early Childhood Education Assessment Program and targeted elementary schools with high percent of low income children</p>	<ul style="list-style-type: none"> Sealant retention rates Participation rates 	<ul style="list-style-type: none"> FQHC Department of Social and Health Services fee for service State contract Medicaid match CX (county) and GF (City of Seattle)
Health Care for the Homeless (HCHN) <ul style="list-style-type: none"> Outreach, nursing assessment and care, primary care, medical respite, case management, substance abuse services including harm reduction, and mental health outreach, counseling Health and safety technical assistance provided to shelters, day centers and other programs where homeless persons congregate. 	<ul style="list-style-type: none"> Certain health conditions contribute to a person becoming homeless; e.g. mental health, substance abuse, HIV/AIDS; issues must be addressed for person to transition back to stable housing. Homeless persons: at high risk for TB, PVD, lice and scabies, URI. 	<p>Homeless men, women, children and street youth are served at shelters, day centers, clinics and other places where homeless people congregate throughout King County. Persons of color are over-represented in the homeless population. (100 percent of homeless clients are below 100 percent poverty level)</p>	<ul style="list-style-type: none"> Improved access to health services including primary care, mental health, substance abuse; Cost avoidance in emergency room, hospital use Increased access to case management; housing linkages Reduction in chronic health problems 	<ul style="list-style-type: none"> Federal 330 grant HUD McKinney grants County CX and City of Seattle general funds Health Care Financing Administration (HCFA) match private fundraising including COMIC RELIEF. City of Seattle, General Fund Health Care Financial Administration match City of Seattle General Fund

<ul style="list-style-type: none"> • TB outreach, testing and directly observed therapy to shelters, day centers and other places where homeless persons congregate. 				
What (Components)	Why	Who Served	Outcome	How Financed
Teen Health Services Comprehensive Student Health Services in Seattle Public Schools: <ul style="list-style-type: none"> • Teen Health Centers • Middle School Wellness Centers • School Nursing • Health Education • Teen Age Pregnancy and Parenting Program (TAPP) 	<ul style="list-style-type: none"> • Improved access to health care and prevention services for school-aged populations; services to at risk youth • Contributions to success in school • Reduced risky behaviors that lead to later-in-life health problems and resulting costs 	Middle and High School Students in Seattle Public Schools	<ul style="list-style-type: none"> • Improved access to health and preventative health services • Measurable development of improved health behaviors in youth: e.g.; smoking cessation, mental health, substance abuse, use • Improved health status 	<ul style="list-style-type: none"> • Families and Education Levy • Seattle General Fund • HCFA Match • Support from partner agencies • State • Maternity Support Service (MSS) reimbursement
School Linked Health Centers	To improve health status of school age populations.	Adolescents in Renton and Highline communities	<ul style="list-style-type: none"> • Improved access to health and preventative services • Development of positive health 	<ul style="list-style-type: none"> • CX • Motor Vehicle Excise Tax • HCFA Matc

			<p>behaviors in youth</p> <ul style="list-style-type: none">• Maintain or increase health assets of teen health center participants <p><i>Public Health Department Performance Measure: Goal 4, Objective 3; Performance Measure 1</i></p>	<ul style="list-style-type: none">• Support from partner agencies
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What (Components)	Why	Who Served	Outcome	How Financed
CHILD Profile <ul style="list-style-type: none"> Immunization tracking centralized computer registry Health promotion mailings before each well-child visit 	<ul style="list-style-type: none"> Provision of parenting information and reminders of the need for immunizations and preventive health care for children. Provision of patients' immunization histories and current vaccine recommendations to providers. 	<ul style="list-style-type: none"> All families of children birth to 6 statewide. All providers of immunization services. All people who receive immunizations from participating providers have records stored in the registry. 	<ul style="list-style-type: none"> Increased immunization rates <p><i>Public Health Performance Measure, Goal 3, Obj. 1, Perf. Measure 1.</i></p> <ul style="list-style-type: none"> Disease prevention 	<ul style="list-style-type: none"> RWJ Foundation Grant User fees State funding Medicaid Administrative Match Local tax dollars
HIV Clinic <ul style="list-style-type: none"> HIV testing for high risk populations (both anonymous & confidential) Screening & Referral for people with new HIV infections Research venue Partner notification & other mandated interventions <p>**HIV/AIDS activities are also in community health, population-based</p>	<ul style="list-style-type: none"> HIV case-finding and treatment; Monitoring of local behavioral trends; reducing risk behaviors; assure safety of the blood supply by maintaining a place for high risk groups to test anonymously 	General populations at increased risk for HIV infection	Improvements in behavioral risk-taking <ul style="list-style-type: none"> Number of new infections found and referred to care Number of high risk persons counseled to reduce risk 	<ul style="list-style-type: none"> Motor Vehicle Excise Tax Revenues (MVET) Seattle General Fund County Current Expense AIDS Omnibus Grant Federal grants Donations

What (Components)	Why	Who Served	Outcome	How Financed
<p>Jail Health Health services to the inmates of the facilities managed by the King County Department of Adult Detention. Services are focused on urgent, emergent and chronic 24 hour care. Care includes screening at booking, physical assessment at 14 days, acute care as needed. Limited dental services to cover emergent needs. Psychiatric services to assist mentally ill cope with stresses of incarceration. JHS staff provide emergency responses to critical incidents.</p> <p>Infirmity services are offered to ambulatory inmates with acute, chronic and convalescent health problems which do not require hospitalization.</p>	<p>The US Supreme Court has determined that detained populations have a constitutional right to health care and that it is the obligation of the custodial institution to ensure access to health care.</p>	<p>Inmates of King County jails – 60,000 bookings each year. In 1998, 117,000+ encounters.</p>	<p>All inmates staying in jail fourteen days receive complete physical assessment.</p>	<p>Local county current expense provide 95 percent of the budget</p>

For additional detail, see Appendix H (Public Health Services by Strategic Planning Category)